

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S83895

1. Entity Name

OVALLE & ASSOCIATES, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90117 038 ***158.75

Principal Place of Business

Mailing Address

9960 N.W. 116 WAY
SUITE 13
MIAMI FL 33178

P.O. BOX 590563
MIAMI FL 33159-0563
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0285642 NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STRACKE, PEDRO G
1213 S.W. 177 TERRACE
PEMBROKE PINES FL 33029

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	OVALLE-STRACKE, MARIA ELENA	
STREET ADDRESS	1213 S.W. 177 Terrace	
CITY-ST-ZIP	MIAMI FL 33104 Pembroke Pines, FL 33029	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRACKE, PEDRO	
STREET ADDRESS	1213 S.W. 177 Terrace	
CITY-ST-ZIP	MIAMI FL 33104 Pembroke Pines, FL 33029	
TITLE	S	<input type="checkbox"/> Delete
NAME	STRACKE, ALFRED P	
STREET ADDRESS	1213 S.W. 177 Terrace	
CITY-ST-ZIP	MIAMI FL 33104 Pembroke Pines, FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stracke Edwin G.	
STREET ADDRESS	1213 S.W. 177 Terrace	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000

Date

305-863-0039

Daytime Phone #

CR2E034 (9/99)